

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/10/03 2 Serial/Patent # 091780,724

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition	7	12/9/02	\$ 130
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130
8 TO BE REFUNDED BY:			
		Treasury Check	
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment	9 1 9 -- 0 3 6 5		
<input checked="" type="checkbox"/> No Fee Due (Explanation):		Notice is vacated.	

11 REFUND REQUESTED BY: C. Donnell

TYPED/PRINTED NAME: C. Donnell

TITLE: Pet. Atty.

SIGNATURE: C. L. Donnell

PHONE: 301-5589

OFFICE: 4700

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Almae Miller

DATE: 11/10/03

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09780724

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>15</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>15</i> minus 20 =	<i>4</i>
INDEPENDENT CLAIMS	<i>5</i> minus 3 =	<i>2</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	355.00	BASIC FEE	710.00
X\$ 9=		X\$18=	
X40=		X80=	<i>160</i>
+135=		+270=	
TOTAL		TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 20	=
Independent	<i>2</i>	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.